

PROBLEM PRIORITIZATION

TIP SHEET

This guide has been developed to help AOD staff guide a planning group through the process of prioritizing health problems. While a list of criteria has been included, they are suggested and the group is encouraged to delete some and develop additional criteria.

1. Developing Criteria

1. Amenable to intervention/intervention proven effective by research. Are the root causes something that are possible to be addressed at the level of the proposed intervention? Make sure that even if an intervention has been shown effective via research, is it really effective in your county? For example, if a problem of unemployment has an underlying mental illness or substance abuse cause, then an employment training program may not be the best intervention to target.
2. Greatest need, as identified by data . Ideally, your data should be able to show you whether a change over time is statistically significant, or whether the difference between your county and the state is statistically significant. Community perception of problem vs. greatest need, as identified by data. Sometimes the community will perceive that something is a problem, when there are no data to support this perception. If this question arises, use data as an educational tool to show that data is effective in dispelling misperceptions.
3. Prevalence: How frequently (or commonly) does the identified problem occur in the population? A problem with high prevalence affects a greater number of people than one with low prevalence. In the absence of specific data, prevalence can be rated as a relative value for comparison across problems. Prevalence is important to consider especially for problems of lower severity because they may still affect a lot of people: for example, “moderate” drinkers, because they are numerous, actually cause more traffic accidents than “binge” drinkers, even though the latter tend to get more attention.
4. Severity of consequences: What is the severity of the identified problem among the people suffering from it as well as those affected by it in the community (not necessarily limited to those with the problem)? A problem of high severity that only affects a small number of people may have significant “ripple” effects that should be considered.
5. Costliness of consequences.
6. Geographic & Demographic Pervasiveness: Where does the problem occur, and with which population? Do you want to focus your efforts intensively on a few areas or a

relatively small population. Or would you rather have your programs be more geographically and demographically diffuse?

7. Unmet Need? Is this an under-served population? Is someone else already addressing this problem?
8. Political Will: Are there willing partners to address the problem in the community? This is especially important if the group prioritizing the problem is not the one that controls whether it is addressed. It may still be important to take on a problem for which the political will for solving it is lacking, but political motivators will have to be designed into the program. (See the WestCAPT site on “Community Readiness.”)
9. Resources available and cost/benefit of treatment (“Bang for Buck” Summary):
 - synergy of problems (are there a number of problems related to the root cause that can be addressed by the proposed intervention?)
 - synergy of organization (are there several organizations willing and able to participate in the proposed intervention, whose participation will strengthen the intervention?)
 - existing programs (are there existing programs already addressing the problem?)

2. Weighting

Some of the criteria might be more important than others. If so, they should be assigned weights to reflect the fact that the group feels a particular criterion (such as cost effectiveness) is more important than another (such as political considerations). A range of different weights will also be useful in identifying problem areas.

On a scale of 1 to 3 (3 = most important, 2 = very important and 1 = important), decide which criteria are weighted 1, which are weighted 2 and which are weighted 3. The selected and weighted criteria will be used to prioritize the identified problems later in this exercise.

3. Identifying

What problems should be considered for intervention in this year’s plan? Are there any that we should eliminate from further consideration? The group should review the data and discuss the significance of any findings and identify the problems to be considered. The group should agree on a final set of problem areas to address.

4. Ranking

We will use this tool to apply the weighted criteria to the health problems identified by the data that has been collected, as follows. Everyone does the steps as the facilitator does it on the overhead. Make a grid:

1. Fill in Criteria 1 through 9

2. For those criteria that are weighted, write their weights in the line directly underneath each numbered column. (3 = most important to 1 = important)
3. Let's take an example. Say the problem identified is a high rate of neonatal mortality. Write "neonatal mortality" in the "Problem" column.
4. For a criterion such as "severity", decide to what extent the problem meets the criteria on a scale of 1 to 5:
 - 1 = is not life threatening or debilitating to individuals or society
 - 2 = slightly life threatening or debilitating to individuals or society
 - 3 = moderately life threatening or debilitating to individuals or society
 - 4 = life threatening or debilitating to individuals or society
 - 5 = life threatening AND debilitating to individuals or society
5. Next multiply the scale number (1 to 5) by the weight given each criterion (1 to 3) and write the result in the scoring box. (i.e., life threatening AND debilitating to individuals or society = 5. Weight = 3. Multiply 5 x 3 = 15.)
6. Any questions on how to complete the tool?

5. Summarizing

Now we will summarize the results of the scoring and reach consensus on those problems to be addressed in this year's plan.

1. Place a blank transparency on the overhead projector
2. Ask participants to give facilitators their final score on each problem
3. On the blank transparency, write in the score for each problem from each of the
4. participants. Add up the total scores for each problem.
5. Rank the problems in order of score.

6. Reaching Consensus.

Ask the group if they agree with the ranking. Raise the issue of disparate scores and determine whether people have strong differences of opinion. A group discussion of a particular problem and how various people used the criteria to rank it might help people to understand one another better. Discussion should be aimed at reaching eventual consensus, or at least acceptance, by the group.

Members of the planning group have now successfully prioritized the most pressing health problems in their community. Please keep in mind throughout the process with this, or any other prioritization tool, that: This is not a mathematical tool to obtain a correct answer; it is a way of organizing a discussion to merge the opinions of different persons and groups.

¹ World Health Organization, Division of Family Health. A Workbook on How to Plan and Carry Out Research on the Risk Approach in Maternal and Child Health Including Family Planning. Geneva, Switzerland: WHO. 1984. pp. 87-91.